

Your Committee would like to have some background views and information in order to make the best decisions on behalf of members and to help improve its member-services.



Please answer the following questions and return this survey either by mail to PO Box 1778, WODEN ACT 2606 or hand it to a Committee member at the next meeting.

1. How long have you been a member of ASOC?

2. What **medium** do you paint in? (You may tick more than one.)

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> Watercolour | <input type="checkbox"/> Acrylics |
| <input type="checkbox"/> Oils | <input type="checkbox"/> Pastels |
| <input type="checkbox"/> Other (please describe) | |

.....

3. About how many general meetings have you attended in the last year?

none 1-4 5-8 9 or more

4. Our **meetings** are currently held monthly followed by guest speaker, demonstration, or other activity. Should we

- retain the current meeting format
- have a shorter meeting followed by a longer activity
- meet without guest speaker, demonstration, or other activity
- meet every 2 months, followed by guest speaker, demonstration, or other activity
- meet every 2 months without a guest speaker, demonstration, or other activity
- Other (please describe)

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5. How many Workshops do you think ASOC should hold each year?

- | | |
|--|---|
| <input type="checkbox"/> about 1 each month | <input type="checkbox"/> about 1 every 2-3 months |
| <input type="checkbox"/> 1-2 each month | |
| <input type="checkbox"/> Other (please describe) | |

6. Do you have a suggestion for the Workshops? Is there something you would like to be included?

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7. If new members were paired up with existing members based on things like same gender, same medium and close suburb, do you think there would be more interest by existing members in mentoring them?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

8. Have you visited the ASOC **website**?
 Yes No - Why not?.....

9. Would you like professionals to be employed to update our website?
 Yes No - Why not?.....

10. How many **exhibitions** of members work should ASOC hold per year?
 Retain current situation (one judged; one not judged)
 Remove Autumn exhibition
 Remove Spring exhibition
 Add another exhibition or two (please describe your idea)

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Comments:

11. Do you think ASOC should seek **permanent premises** from the ACT Government?
 Yes No

Comments:

12. What did you like best about the ASOC **Newsletter**?
.....

Do you have any improvement to suggest?
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13. Could you give us some information about yourself (this will be compiled and only totals will be used to aid government funding applications)

- a. What gender are you? mail / female
- b. Were you born in Australia? Yes / No
If "No", what languages is spoken?
- c. Is the language you speak at home English? Yes / No
If "No", what languages is spoken?
- d. What age group are you in? 18-30 31-54 55-64 65 plus
- e. Are you of Aboriginal descent? Yes / No

14. What would you specifically like your new committee to **improve or change** in 2009?
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Thank you for completing this survey.

Please return to ASOC as soon as possible.

If you would like a committee member to contact you about any of the opinions expressed in this survey, please include your name and a contact phone number or email address below.

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